



**State of Georgia  
Community Health**  
2 Peachtree Street, N.W.  
Atlanta, Georgia 30303-3159

**Russ Toal  
Commissioner**

December 14, 1999

**Mr. Eugene A. Grasser**  
**Associate Regional Administrator**  
**Division of Medicaid**  
Sam Nunn Atlanta Federal Center  
61 Forsyth Street, SW - Suite 4T20  
Atlanta, Georgia 30303-8909

Dear Mr. Grasser:

The Georgia Department of Community Health, Division of Medical Assistance, formally submits for your review **State Plan Amendment YC-99-001, page 24**. This amendment will change the reinstatement policy of the PeachCare Title XXI plan.

Please contact Carolyn Ferrell at (404) 651-9961 or Jana Kcy at (404) 657-9506 if you have any questions.

Sincerely,

**Gary B. Kedding, Director**  
Division of Medical Assistance

GBR/bj  
Enclosures

An Equal Opportunity Employer

**As long** as the family continues to meet all eligibility requirements and continues **to** pay the monthly premium as required, **the** child(ren) may be eligible **for** coverage for twelve **(12)** months.

- Premiums: 

|                           |   |
|---------------------------|---|
| <b>Children ages 0-5</b>  | <b>\$0</b>  |
| <b>Children ages 6-18</b> | <b>\$7.50</b> (1 child) <b>\$15.00</b> (2 children) |
- Applicant **must** submit 1 **month's** premium with application for it to **be** complete. Once determined eligible enrollment occurs by first of next month.
- When applicant **is** enrolled, the **TPA will** send a coupon payment **book** (or other payment mechanism) to the enrollee for **use** in **making** regular premium payments. Clients **may** send in premiums for multiple **months**.
- **The** first month's coverage will be funded with state/federal funds. The premium sent with application **will** be applied to the second month's coverage. With this model, the collection process will be **one** month ahead **of** coverage and **an** enrollee has **30** days after being **late** with **a** payment to submit it before coverage is terminated.
- If payments are late, the notification/cancellation **process** will begin. **Two** letters will be sent before cancellation **occurs**.

|              |  |
|--------------|--|
| January 6th  | Applicant submits complete application.  |
| January 16th | Eligibility is determined. Applicant <b>is</b> enrolled, if <b>eligible</b> .                            |
| February 1st | Enrollee is eligible <b>to start</b> receiving benefits. State/federal dollars fund February's coverage. |
| March 1st    | Parental premium submitted with application is applied to <b>March's</b> coverage. April premium is due. |
| March 10th   | <b>April</b> premium is late, if not yet received.   |
| March 31st   | If April premium has not <b>been</b> received, cancellation will occur.                                  |

Effective Date \_\_\_\_\_

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If coverage is terminated due to nonpayment of premium, coverage may be reinstated at any time within the 12 month eligibility period, with the payment of premium for month of reinstatement. Coverage will resume the first of the next month,

TN No. PC 99-001    Approval Date \_\_\_\_\_    Effective Date \_\_\_\_\_

Proposed Effective Date: 10/1/99                      24a

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